

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | |
|---|--|-------------------------------------|-----------------------|
| 1 Date of Request: <u>12/5/07</u> | | 2 Serial/Patent # <u>09/802,082</u> | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| ✓ Filing (\$300, \$500, \$200, \$200) | | | 5/15/07 |
| Amendment | | | \$ |
| ✓ Extension of Time | | | 5/15/07 |
| Notice of Appeal/Appeal | | | \$ |
| Petition | | | \$ |
| Issue | | | \$ |
| Cert of Correction/Terminal Disc. | | | \$ |
| Maintenance | | | \$ |
| Assignment | | | \$ |
| Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | |
| | | \$ 2220.00 | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | |
| ✓ Overpayment | | X | Treasury Check |
| Duplicate Payment | | | Credit Deposit A/C #: |
| ✓ No Fee Due (Explanation): | | 50--2261 | |
| Ext. of Time Fee was paid after case was abandoned; Filing Fees are for a continuation application filed separately. | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: <u>Kimberly Inabinet</u> | | TITLE: <u>Petitions Examiner</u> | |
| SIGNATURE: <u>Kimberly Inabinet</u> | | PHONE: <u>x24618</u> | |
| OFFICE: <u>Office of Petitions</u> | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>12/12/07</u> | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: